Catching the Health Wagon: Consumers’ Strategies of Control in Healthy Food Consumption

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This two-step qualitative study, consisting of netnography and in-depth interviews with consumers and dietitians, focuses on cooking and eating practices to understand how consumers adopt what they perceive as healthy eating behaviors. We find four strategies through which consumers try to establish control over their food consumption and general well-being.

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EXTENDED ABSTRACT

Debates about healthy food have once again come to the fore as obesity rates increase in most parts of the world and more people suffer from diet-related illnesses. In the contemporary consumption-scape where meanings assigned to food items and practices of cooking and eating are fluid and ever-changing, it is becoming more and more challenging for consumers to practice healthy food consumption. The current research focuses on this issue and investigates how consumers, in interaction with other actors, establish the practices related to healthy food consumption.

In order to explore the topic, a two-step research methodology was used. First, a multi-sited netnography (Kozinets, 2010), on four websites (discusscooking, cookingbits, SparkPeople, eggheadforum) consisting a total of 4000 consumer posts, was conducted. The sites were chosen due to their high circulation rate and diversity of the posts related to food preparation and consumption. Then, semi-structured in-depth interviews with six consumers and 10 dieticians provided further insights. The consumer informants were chosen among consumers who declared an interest in healthy eating and/or cooking. The interviews with consumers started with general questions about daily eating and meal preparation routines and moved onto more specific inquiries about healthy food, healthy eating, and food preparation. The interviews with dieticians depicted multiple discourses around healthy food consumption and processes of behavioural change.

The data set was coded and analysed with research goals in mind; first separately, then altogether by comparing and contrasting within and between the texts from interviews and netnography. Data analysis followed an iterative process and was in constant dialogue with the literature. Analyses revealed four strategies that consumers use to eat healthily and, ultimately, gain control over their bodies and lives: 1) relocating the locus of control to external actors, 2) shifting the focus away from food, 3) planning in advance, and 4) cooking.

Relocating the locus of control: In a world where people occasionally feel out of control of their own body, well-being, and even their future, some consumers paradoxically find it necessary to temporarily relinquish control in order to regain some power over their life in the long-term. Control is transferred to external parties such as dieticians and renowned experts or even to sports and diet applications. External agency keeps consumers in check by provoking feelings of fear, anticipation, and anxiety:

Pauline: It (seeing a dietician) motivates you, well, you know, when you do not have the willpower. Someone to continuously watch over you, follow you…you pay, you know, it motivates…cause the fear of not showing any improvements in the next appointment, I mean, it makes you, you know, go…

The interaction with the external agency (e.g., dietician) is not one without any problems. The educative process fails when consumers resist submitting to the authority of the dieticians in the first place. Such resistance is specifically prominent among children and teenage patients as well as when the individual goes to the dietician without her own will.

In some cases, consumers replace eating with activities that further destroy their self-control (e.g., smoking, extreme shopping). However, many find healthier alternatives such as exercising.

Planning in advance: Healthy eating and cooking are associated with a great deal of planning in advance. Planning involves projecting on activities of what to cook and therefore what to buy, cooking ahead in batches and freezing in single-serve portions, as well as daily planning of the ideal balancing of the food intake. Such planning and cooking ahead affects healthy consumption through four positive (availability of healthy food, portion control, efficiency, sense of control/confidence) and two negative (overconsumption due to availability, frustration due to over-planning) routes.

Cooking as a form of control: Cooking provides higher control over the ingredients and the process. However, a complementary explanation that emerges from our dataset is that the effort one invests into preparing a meal make the consumers more committed to the food produced and, consequently, to a dietary regimen based on health concerns. Cooking also leads to a healthier diet by enhancing consumers’ awareness of what goes into a meal and, consequently, their appreciation of the activity. Consumers describe this as a form of education, during which they not only enhance their cooking skills but also “train their taste buds to appreciate healthy food”.

This study extends the discussion that consumers try to establish a sense of control by moderating their food consumption when they feel powerless in other domains of life (Rezek and Leary, 1991). We found the pursuit of health to be perpetual, full of uncertainties, and a source of anxiety for consumers. The strategies of control we delineated above help consumers navigate those dynamic discourses. Hence, while the pursuit of healthy eating can add to the feelings of stress, distrust, and confusion — trademarks of postmodern times — it can, at the same time, provide consumers with a sense of control over their lives and hope for their future wellbeing.

Our findings have significant implications for researchers, managers, and policy makers. We observed that high levels of planning may have negative consequences and should be done in moderation to prevent cognitive overload. Furthermore, when consumers give up unhealthy food or try to shift their focus from eating, they usually need other activities to broaden their horizons. Moreover, our analyses hint at tensions between dieticians and consumers as the latter tries to form a balance between submission and autonomy. Future research could focus on such tensions as well as their resolutions to reveal new forms of value co-creation in service environments.

1. Introduction

As obesity rates increase and more people suffer from diet-related illnesses (e.g., diabetes, cancer), food consumption has again become the centre of attention. Consumers, marketers, policy-makers as well as governmental and civil organizations have been debating...
over the definition of healthy food and its standards. Considering that people may consume more food when it is presented as healthy (Finkelstein and Fishbach, 2010), these debates are timely and understandable. The current research explores how consumers, in interaction with other actors, establish the practices related to healthy food preparation and consumption.

We draw from a data set collected through a multi-sited netnography (4000 consumer posts) and 16 interviews with dieticians as well as consumers. The findings highlight a constant use of control strategies that involve food, the self, and external agents. Specifically, we find four strategies through which consumers pursue health, regulate their diet, and gain a sense of control over their well-being.

2. Food Consumption and Health

Research from the marketing field mostly focuses on food choice, amount of food intake, and how food consumption is influenced by contextual factors such as plate size, ads, packaging, ambience in the restaurant (e.g., colour, music), and meal companions (Chandon and Wansink, 2007; Wansink and Cheney, 2005). Other research explores the relation between participation in meal preparation processes and perception of food. These studies find that consumers positively evaluate a meal whose preparation they participated (Troye and Supphellen, 2012). On a more negative note, adults (Dohle, Rall, and Siegrist, 2014) and children (Van der Host, Ferrage, and Rytz, 2014) can eat more when they prepare the meals themselves. This argument is supported by other researchers who have shown that people perceive home-made meals (whether prepared by them or not) as healthier (Costa et al., 2007) and, therefore, likely to consume more of it (Finkelstein and Fishbach, 2010).

From a socio-cultural perspective, symbolic meanings of food have been the centre of attention for researchers. Food items and food preparation and consumption practices help consumers manifest and affirm their commitment to ancestral roots and group identities or facilitate their integration into a new culture (Beagan, Ristovska-Slijepevic, and Chapman, 2010; Kniazeva and Venkatesh, 2007; Wallendorf and Arnould, 1991). Food preparation techniques (e.g., boiling, fondue) and ability to appreciate and consume specific food items may distinguish consumers and social groups (Levi-Strauss, 1966). Particularly, eating out is a sign of taste and status, a form of entertainment (Warde and Martens, 2000), and a stage to perform social roles (Finkelstein, 1989). From this perspective, health concerns constitute one of the many constraints consumers face in their daily food consumption. That is, consumers negotiate multiple meanings of preparing food at home, buying processed food, or eating out in trying to regain control over their families’ and their own well-being and social as well as financial needs.

Food consumption has also been studied more critically. Choices related to food or food preparation practices can be ways for consumers to contest negative aspects of consumerism or broad political issues (Beagan et al., 2010; Press and Arnould, 2011; Sassatelli, 2006). For instance, Beagan et al. (2010) show that for most consumers, who define themselves as committed to eating healthily, this practice is part of a broader concern for ethical consumption. Similarly, abstinence from specific food items helps consumers achieve a healthier lifestyle as well as resist consumer myths and authorities they don’t trust (Kristensen, Boye, and Askegaard, 2011). Natural food is viewed as more authentic than fast food and processed alternatives (Levy, 1981). In addition, food preparation practices, especially cooking “from scratch,” is defined as a form of craft through which consumers resist the impersonalizing and standardizing effects of the marketplace (Moisio, Arnould, and Price, 2004; Ulver-Sneistrup, Askegaard, and Kristensen, 2011).

Thus consumers, through various food consumption practices, restore their autonomy on others’ and their own lives amidst the issues that are normally out of their control. Our research aims to further explore this topic by focusing on consumers’ practices of cooking and eating healthily.

3. Methods

This study uses a two-step research methodology. First, a multi-sited netnography (Kozinet, 2010), on four websites (discusscooking, cookingbites, SparkPeople, eggheadforum) consisting a total of 4000 consumer posts, was conducted. These sites were chosen due to their high circulation rate and diversity of the posts on the topic. Then, semi-structured in-depth interviews were conducted with 10 dieticians and six consumers, who declared an interest in healthy eating and/or cooking. Some informants had, at one point of their lives, sought help from dieticians in order to regulate their eating habits. The interviews with consumers started with general questions about daily eating and meal preparation routines and moved onto more specific inquiries about healthy food, healthy eating, and food preparation. The interviews with dieticians revealed multiple discourses around healthy food consumption and processes of behavioural change. They also highlighted the tensions between “the official” notions of healthy food, and consumers’ perceptions and actual practices of food preparation and eating.

The data set was coded and analysed with research goals in mind; first separately, then altogether by comparing and contrasting within and between the texts from interviews and netnography. Data analysis followed an iterative process and was in constant dialogue with the literature. The initial data interpretation revealed emerging themes and new questions that guided further data collection and analysis until the saturation.

4. Findings

Our analyses revealed four strategies through which consumers eat healthily and, ultimately, gain control over their bodies and lives: 1) relocating the locus of control to external actors (e.g., dietician, application), 2) shifting the focus away from food, 3) planning in advance, and 4) cooking to control food intake and content.

4.1. Relocating the locus of control

In a world where people occasionally feel out of control of their own body, well-being, and even their future, some consumers paradoxically find it necessary to temporarily relinquish control to regain autonomy over their life in the long term. Control is transferred to external parties such as dieticians and renowned experts or even to diet applications.

Going to a dietician, where consumers regularly write or talk about food, brings subconscious thought and behaviours to the surface, helping consumers to reflect on these. It forms a type of control first by creating a fear for “...what will the doctor say when s/he sees what I have eaten?” Then, it makes consumers think about what or how much to eat and, as such, helps them control their urges in daily life or in social gatherings.

The idea of a dietician frequently activates a control mechanism that keeps consumers in check by provoking feelings of fear, anticipation, and anxiety:

Pauline: It (seeing a dietician) motivates you, well, you know, when you do not have the willpower. Someone to continuously watch over you, follow you…and you pay, you know, it motivates…cause the fear of not showing any improvements in the next appointment, I mean, it makes you, you know, go…
Pauline’s narrative illustrates how some consumers willingly submit to a regimen of discipline and punishment (e.g., reducing the amount of some food items) to compensate for their lack of internal control. Yet, dieticians’ main goal is to gradually re-establish, in the long term, consumers’ autonomy and positive perceptions over their diet, body, and health.

As dietician Haley explains “our aim is to teach them the ways to a healthy life, healthy food…make sure they can maintain this throughout their lives…it’s really not about dieting.” Yet, this educational process fails when consumers resist dieticians’ authority. Such resistance is specifically prominent among children and teenage patients as well as when the person goes to the dietician without her own will.

4.2. Shifting the focus from eating
Consumers can also regain some control over their diet - hence their health and well-being - by forming a more functional relation with food:

Alice: Before, food was priority, a culture. Now the logic is to eat as little as possible. …I don’t eat unless hungry, I avoid occasions to eat...

While keeping food out of the focus of their lives comes naturally to some consumers, others may need external motivation and more time. As dietician Haley highlights, food is dangerous when people use it as a crutch to deal with their problems or as a goal to reach. Dieticians can be help patients to keep food at bay and, as such, to exert more control on their consumption.

When consumers give up unhealthy food or try to shift their focus from eating, they usually need other activities to broaden their horizons and branch out into other aspects of life. In some cases, consumers replace eating with activities that further destroy their self-control such as smoking or extreme shopping. However, many find healthier alternatives such as exercising:

Amy: I can feel an ornery streak coming my way today. I am already thinking about Oreo’s. I gotta get outside and do more walking.

4.3. Planning in advance
Healthy eating and cooking are associated with a great deal of planning in advance. Especially when dieting, consumers, usually with the help of their dieticians or applications, calculate the necessary daily food intake and plan what to eat in each meal. We observe different types of planning activities such as preparing and taking healthy snacks to business meetings so as not to miss meal times or developing strategic menu alternatives for vacations. Thus, planning activities “re-contextualize” eating in specific consumption situations like vacations (Ostberg, 2003) and help consumers negotiate their urges and requirements of their diet.

Planning is not limited to consumers who are following a strict diet but a part of a daily routine for those who want to eat healthy. For instance, Bella, a housewife responsible for preparing meals at home, synchronizes her shopping and cooking activities:

Bella: I go to farmer’s market and walk around a few times to find good stuff, you know…if I bought spinach I would cook it first, potatoes, cabbage, they can wait… Cabbage, like, changes its taste if you keep it long because of sulphur…according to the vegetable and their expiration time, I plan what to cook, buy…

Consumers also cook in advance to increase the availability of healthy meals. This way, when consumers are exhausted and tired, rather than ordering unhealthy meals, they can eat home-made food. Planning and cooking in advance also enables portion control. When consumers cook, they divide the large batch into smaller portion sizes and store in single-serving containers. This enables self-control over consumption later on.

Planning meals in advance and/or cooking in batches enhance efficiency and, hence, leaves more “me” time as Nathalie states: “once you cook it its good for 3 months so you can send more ME time.” The extra time can be used to attend to one’s own needs and indirectly exercise more autonomy on other aspects of life.

Furthermore, cooking in large batches and freezing in single-use portions creates a sense of readiness and control (or an illusion of it) for what’s to come. Through food preparation, one is able to deal with the hardships of daily life – the challenges that the environment or oneself has created. From such readiness and knowledge of being prepared in the best possible way emerges a sense of self-confidence, control, and security:

Oddman: Most of the time I also try to make some dinners ahead that I can freeze and reheat. It’s just nice to come home and know that I don’t have to start from scratch.

Stacy: I find the more organized my food is (and how clean my house is, for some reason!) the better I do with weight loss!

Paradoxically, for some consumers, existence of food in the fridge creates an adverse effect, tempting them to consume food in large quantities. Such loss of control can be frustrating and lead consumers to invent new tactics such as preparing only specific things in advance for convenience:

Amanda: I don’t find that cooking larger portions of meat ahead works for me, because I tend to go back and grab another portion if it’s there. The only proteins I keep readily available are boiled eggs, small cheese portions, and nuts.

4.4 Cooking as a form of control
As previous research indicates, our data also reveals that cooking provides higher control over the ingredients and the process. However, a complementary explanation that emerges from our dataset is that the effort one invests into preparing a meal make the consumers more committed to the food produced and, consequently, to a dietary regime based on health concerns. The dietician interviews also indicate that among their patients, those who cook and prepare their meals at home have a higher success rate and are better at adapting to their diet for longer terms:

Dietician Marvin: …those who prepare their meals are more committed to their diets…it’s controlling what you eat…. they regard it (their diet) as “my own labor, like hardwork.”

Cooking can also lead to a healthier diet by enhancing consumers’ awareness of what goes into a meal and, consequently, their appreciation of the activity. Consumers describe this as a form of education, during which they not only enhance their cooking skills but also “train their taste buds to appreciate healthy food”.

5. Discussion and Implications
Food items and practices associated with it can become focal to our lives by strengthening our relation with our environment and contextualizing our experiences (Borgmann, 2000). Building on this
view, this study extends the debates that consumers try to establish a sense of control by moderating their food consumption when they feel powerless in other domains of life (Rezek and Leary, 1991). Indeed, attesting to Bauman (2012), we found the pursuit of health—in our case, healthy eating—to be full of uncertainties and a source of anxiety for consumers. Such uncertainty and anxiety is nurtured both by the simultaneous existence of multiple views—and choosing which to follow, integrate or ignore—and by the quick changes in the discourses surrounding health and food. While these emotions may lead some consumers to reject the official notions of health, the strategies of control delineated above help consumers navigate those dynamic discourses. Hence, while the pursuit of healthy eating can add to the feelings of stress, distrust, and confusion it can also enhance consumers’ sense of control over their lives and hope for their future wellbeing.

Our findings have significant implications for researchers, managers, and policy makers. We observed that high levels of planning may have negative consequences and should be done in moderation to prevent cognitive overload. Furthermore, when consumers give up unhealthy food or try to shift their focus from eating, they usually need other activities to broaden their horizons. Moreover, our analyses hint at tensions between dieters and consumers as the latter tries to form a balance between submission and autonomy. Future research could focus on such tensions as well as their resolutions to reveal new forms of value co-creation in service environments.

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